

**Mono County
Community Development Department**

P.O. Box 347
Mammoth Lakes, CA 93546
(760) 924-1800, fax 924-1801
commdev@mono.ca.gov

Planning Division

P.O. Box 8
Bridgeport, CA 93517
(760) 932-5420, fax 932-5431
www.monocounty.ca.gov

**WATER/SEWER
QUESTIONNAIRE**

OWNER _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE (_____) _____

PROPERTY LOCATION _____ ASSESSOR'S PARCEL # _____

EXISTING FACILITIES

- ☐ Residence with _____ Bedroom(s) _____ Bathroom(s) ☐ Family room ☐ Garage
☐ Guest quarters with _____ Bedroom(s) _____ Bathroom(s)

WATER SUPPLY:

- ☐ Private: ☐ On site ☐ Off site ☐ Well ☐ Spring ☐ Stream ☐ Other _____
Water Treatment: ☐ Filtration ☐ Chlorination ☐ Other _____
Coliform analysis completion date _____ Results _____
☐ Public: Name of water system _____

SEWAGE DISPOSAL:

- ☐ Private: ☐ On site ☐ Off-site approved for ☐ Residence ☐ Guest quarters
☐ Public: Name of sewer district _____

PROPOSED ADDITIONS

- ☐ New construction ☐ Remodel ☐ Addition _____
☐ Residence with _____ Bedroom(s) _____ Bathroom(s) ☐ Family room ☐ Garage
☐ Guest quarters with _____ Bedroom(s) _____ Bathroom(s) ☐ Other _____

WATER SUPPLY:

- ☐ Private: ☐ On site ☐ Off site ☐ Well (please submit well permit application)
☐ Spring
☐ Public: Name of water system _____

SEWAGE DISPOSAL:

- ☐ Private: ☐ On site ☐ Off-site system (please submit septic permit application)
☐ Public: Name of sewer district _____

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Health Department Approval:

- ☐ Approved
☐ Approval pending receipt of: ☐ Septic permit application ☐ Well permit application ☐ Record of easement
☐ Will-serve letter for ☐ Water ☐ Sewer

Environmental Specialist _____ Date _____

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